

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047274

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 567

STATE FILE NUMBER

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CAPE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		c. CITY OR TOWN CHAFFEE	
Length of stay in 1b 27 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #2		d. STREET ADDRESS (If outside, give location) RFD #2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN WILLIAM BRUCHER			4. DATE OF DEATH Month Day Year DEC 12 - 1963		
5. SEX M.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1887	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) ORAN MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME MIKE BRUCHER		13b. MOTHER'S MAIDEN NAME MRS. JOE HANNA CAMP	
14. NAME OF HUSBAND OR WIFE JOSEPHINE BRUCHER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 609-18-63	
17. INFORMANT Johny Brucher, CHAFFEE MO		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease DUE TO (b) 18 months DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hiatus hernia, obesity	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from 6-6-62 to death and last saw her/him alive on 10-24-63		22a. SIGNATURE John A. Chapman MD		22b. ADDRESS 409 Broadway Cape Girardeau MO 63603	
22c. DATE SIGNED 12-16-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-16-63	
23c. NAME OF CEMETERY OR CREMATORY ST. MARKS CEM.		23d. LOCATION (City, town, or county) CAPE GIRARDEAU MO		23e. REGISTRAR'S SIGNATURE John Kasten	

24. FUNERAL DIRECTOR STUBBS' FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 12-18-63		26. REGISTRAR'S SIGNATURE John Kasten	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene L. Stuhls

Licensed Embalmer No. 5012

P. O. Address Chaffee, Mar.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.